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PTO/SB/21 (08-00)
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2661

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/873,524 RECEIVED
		Filing Date	6/4/01 SEP 04 2001
		First Named Inventor	Chiussi Technology Center 2600
		Group Art Unit	2661
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	20-8

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>① return receipt postcard</i>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wendy W. Koba, Esq.
Signature	<i>Wendy W. Koba</i>
Date	8/29/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Wendy W. Koba, Esq.
Signature	<i>Wendy W. Koba</i>
Date	8/29/01

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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

Patent Application

Inventors: Fabio Chiussi
Andrea Francini **Case:** 20-8

Serial No. 09/873,524

Filing Date 6/4/01

Title: *Method and Apparatus for Guaranteeing Data Transfer Rates and Enforcing Conformance With Traffic Profiles in a Packet Network*

COMMISSIONER OF PATENTS
WASHINGTON, D.C. 20231

SIR:

INFORMATION DISCLOSURE STATEMENT

In accordance with 37 CFR 1.97(b), the enclosed Information Disclosure Statement, with attached reference(s), is submitted for consideration in the above-identified application.

Copies of listed documents are enclosed.

NO FEE IS REQUIRED.

In the event of any non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Agere Systems Deposit Account No. 501735** as required to correct the error.

Respectfully,

By: Wendy W. Koba

Wendy W. Koba, Esq.

Reg. No. 30509

Attorney for Application

Date: 8/29/01

Att: - Information Disclosure Statement with attachment(s)

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PTO/SB/08B (08-00)

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Substitute for form 1449B/PTO				Complete if Known		RECEIVED
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>AUG 30 2001 (use as many sheets as necessary)</small>				Application Number	09/873,524 SEP 4 2001	
				Filing Date	6/4/01	
				First Named Inventor	Chiussi	
				Group Art Unit	2661 Technology Center 260C	
				Examiner Name	Not yet assigned	
Sheet	of			Attorney Docket Number	20-8	

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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